



UTAH STATE OFFICE OF REHABILITATION
DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING
UTAH INTERPRETER PROGRAM
Annual Maintenance Renewal Form
RID / NAD / NIC Certification

PLEASE PRINT

Name _____ Male _____ Female _____

Address _____ **NEW? Y N**

City, State, Zip _____

Home Phone _____ Work Phone _____

Birthdate ____/____/____
month day year

Are you currently certified in another state?
NO ___ YES ___ State _____

E-mail address _____

PLEASE CIRCLE
Certification Level

RID CI
RID CT
RID (other)

NAD Level

NIC Level

PLEASE READ CAREFULLY!

I certify that I have been involved in the following workshops over the past year (RID workshops, conferences or State approved workshops.) **ALL workshops (other than Utah) must be verified with a copy of a certificate of completion or other verification to be applied toward maintenance hours. List workshops and hours completed below. NO CREDIT WILL BE GIVEN FOR INCOMPLETE INFORMATION! There is no annual UTAH requirement.**

Workshop Title	Date	Presenter/Sponsor	Location	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Interpreter Signature

Date

For Division Use Only

Year I _____

Expiration Year _____

Return form and payment to

Utah Interpreter Program
5709 South 1500 West
Taylorsville UT 84123-5217